| Case 2:07-cy-00607 WKW-TFM SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature X TORPORATION B. Received by (Printed Name) D. Scalery address after from item 1? Yes |
|--|--|
| Article Addressed to: | If YES, enter delivery address below: No |
| ITT Industries, Inc. c/o Its Registered Agent | 0101601 |
| CF Corporation System 111 Eighth Avenue New York, NY 10011 | 3. Service Type Certified Mail Registered Insured Mail C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number 7003 3110 0004 0799 4820 | |

PS Form 3811, August 2001

(Transfer from servi

Domestic Return Receipt

102595-02-M-1540